

Power Play! Campaign Community Youth Organization Activity Form

Name of Organization: _____ Site: _____
 Teacher/Leader Name: _____ Telephone Number: __ _____

Activity Name	Completed?	Date	# of 9, 10, 11 year-old children reached	Comments
1. Power Mysteries	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
2. 5 A Day Memory Game	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
3. Dressed Raw Veggies	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
4. Dried Fruit Snack Pack	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
5. Recipe Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
6. Ripening Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
7. New Plants from Plant Parts	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
8. Grow a Mini Vegetable Garden	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
9. Field Trip Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
10. 5 A Day Power News	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
11. 5 A Day Voting Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		
12. Adopt a DJ	<input type="checkbox"/> Yes <input type="checkbox"/> No	/ /		

What changes, if any, did you notice in the children after completing the *Power Play!* activities (i.e. better attitudes about fruits and vegetables, eating more fruits and vegetables, etc.)?

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Will you use the *Power Play!* materials again in the future? ☐ Yes ☐ No Why or why not?

Do you have any other comments that may help us improve the program in the future?

May we contact you to get more feedback? ☐ Yes ☐ No

Return completed forms to (fax or mail):

Attn: Melodee Lopez

San Bernardino County Department of Public Health

Nutrition Program

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